## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

<b>FOR</b>	M.	-GE
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Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

Governor on behalf of the state
For office use only Indexed
Audited
Checked
Computer

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU	lest.	
Iowa Medical and Classification Center	J.GT.	
Name of Department or Office		
2700 Coral Ridge Ave. Mailing Address	Coralville, IA 52241	
319-626-2391	City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	·FICE:	
Jim McKinney		
Name Same		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Various staff		
Name		
Mailing Address City, State, Zip Code	December 2016 \$140.00	
Oky, Glato, 219 00de		
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
	value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Drougle a description of the sife set and a set of		
Provide a description of the gift or bequest and purpose thereof:		
Magazine/book/puzzles donations to offender libra	ıry	
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	bo clote expected by the Courses are belieffed to	
the control and a sequent matter reconstruct by any department of the	the state of received by the Governor on behalf of the state.	
atement of Affirmation:		
Nan: Of Alaren		
affirm that the gift or bequest reported al sessment of the fair market value (if applicable) is correct and true to t	bove is accurate. I further affirm that the information concerning the donor and	
1	are post of thy windstadds.	
Han Oflay	2-20-17	
Signature	Date	